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CONFIRMATION NO. 1630

<b>SERIAL NUMBER</b> 10/693,377	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> TLAB.100292
<b>APPLICANTS</b> James Hunter Boone, Christiansburg, VA; David Maxwell Lyerly, Radford, VA; Tracy Dale Wilkins, Riner, VA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/421,395 10/25/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/28/2004				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> JEAN M. DICKMAN SHOOK, HARDY & BACON L.L.P. One Kansas City Place 1200 Main Street Kansas City, MO64105-2118				
<b>TITLE</b> Inflammatory bowel disease and irritable bowel syndrome IBD-first chek diagnostic panel				
<b>FILING FEE RECEIVED</b> 531	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	